

State of Louisiana Department of Revenue

Authorization Agreement for Electronic Funds Transfer (EFT) of Tax Payment

Taxpayer name					Revenue	Account N	Number
Tax type - Enter the tax type name a 5-digit NACHA Code from			Federal Identification Number (if application				
A separate	e authori	zatio	on is require	d for e	each tax ty	/pe.	
Payment by EFT for this tax type is:	If voluntar	y: Req	uested effective tax	period _			
Mandatory Voluntary		Anti	cipated date of first	transmis	sion		
Contact person	Telephone	5ee res	trictions in instructions Contact per				Telephone
Mailing address for EFT purposes (street add	dress, box num	nber)					
		-					
Mailing address (city, state, ZIP)							
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Transit and routing number —	se attach enda option, o	a co	Title Branch Type of accou Name on bank py of a void with your financia	nt account ed che	Telephor Checking	ed and init for payme	tiated by the taxpent of Louisiana to Date Savings



Louisiana Department of Revenue EFT Processing
P.O. Box 4018
Baton Rouge, LA 70821-4018

For office use only.					
Effective tax period	Initials				

9800